

REMARKS

Although support for the added paragraph to the specification may be found generally throughout the original specification, it is explicitly supported by the provisional application 60/100,333, page 33, which is incorporated by reference in the related applications paragraph of the specification.

Support for the claim amendments can be found at least at pages 4, 9 and 21.

Claims 9-22 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Dorne ('293) in view of Ballantyne et al. ('821). It is respectfully submitted that the rejection cannot be properly applied to the amended claims.

The present invention is directed to a unique handheld processing device which replaces the many billing cards that physicians have typically carried from patient to patient through a hospital. Information which is specific to a physician and that physician's patients are downloaded to the handheld device, but the device may then be operated independently of the main server. Because the information which is downloaded is specific to the individual physician, the device provides a personalized interface.. Only that physician's patient list is downloaded, and the list can be sorted according to patient location in order to guide the physician through his rounds. An indicator can be provided to identify those patients which have already been examined during the physician's rounds. No attempt is made to maintain all billing codes and associated guidelines on the handheld device. Rather, only those which the physician might use are downloaded. The device may also maintain a list of stock phrases which are specific to that physician for selection by the physician in entering notes.

Dorne relates to a high powered computer system for determining billing codes associated with medical procedures. It is not a handheld device, and even if it were, it would not serve as a tool to assist a physician in his rounds. There is no suggestion of providing a physician-specific patient list or of downloading only billing codes and guidelines which are specific to a physician.

There is no suggestion of sorting the physician list according to location to assist the physician in his rounds or of providing a list of stock phrases specific to the physician.

The Examiner states that "all of the billing codes and diagnosis codes illustrated by Dorne are specific to physicians specialized in cardiology (FIGS. 3A-3G)." The claims have been amended to make it clear that the information downloaded to the electronic handheld device of the present invention is information specific to an individual physician and not to a class of physicians such as those specialized in cardiology. There is no suggestion in Dorne of providing information which is specific to an individual physician to be useful in assisting the physician in his clinical rounds.

Ballantyne et al. has been cited for its showing of a PDA providing a physician interface. However, the PDA, both alone and in combination with Dorne, fails to teach the claimed features which make the device a tool to assist a physician in making his rounds. In Ballantyne, et al., the PDA serves as a user interface to various patient care stations distributed through the hospital. When a physician attends to a patient, he communicates with the master system through his PDA and a patient care station associated with the patient. There is no suggestion of first downloading a list of patients to be examined by the physician or of guiding the physician from patient-to-patient with a location-sorted list of patients. Nor is there any suggestion of downloading billing codes and guidelines which are specific to that physician. The physician might be able to access billing information in the master library while connected to the patient care station, but that library has not been personalized to his needs.

Thus, there is no suggestion in Dorne, Ballantyne et al. or the combination of those references of a personalized handheld device which displays a patient list specific to the physician along with patient locations and displays billing codes and guidelines specific to the physician to serve as a tool in guiding the physician through his rounds. Accordingly, each of the claims as amended should now be allowable.

Information Disclosure Statement


An Information Disclosure Statement (IDS) is being filed concurrently herewith. Entry of the IDS is respectfully requested.

CONCLUSION

In view of the above amendments and remarks, it is believed that all claims are in condition for allowance, and it is respectfully requested that the application be passed to issue. If the Examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned.

Respectfully submitted,

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